



CITY OF FRANKLIN

SANITATION AND ENVIRONMENTAL SERVICE

PO Box 705
Franklin, TN 37065
Service: 615-794-1516
Billing: 615-794-4572
Fax: 615-791-3289

Application For Commercial Garbage Disposal Service

Acct. No. _____

Name of Business _____

Location of Business _____

Mailing Address _____

City _____ St _____ Zip _____

Contact Person _____ Phone No. _____

Location of container (rear, side, ect.) _____

Type of container: (PLEASE CIRCLE ONE) Dumpster / Cardboard Dumpster / Roll out Container

If type of container is a dumpster, do you own _____ or lease _____ from _____

Number of Container(s) _____

Requested Day(s) of Pickup for Dumpster: (PLEASE CIRCLE) **Mon Tues Wed Thurs Fri**
(Subject to change based on City Schedule)

Date for service to begin _____

I hereby make application with the City of Franklin Solid Waste Department for dumpster or roll out container garbage disposal service. In the event that I no longer need the service, I will notify the Solid Waste Department so that billing will be discontinued. I acknowledge that failure to receive a bill will not release me from payment obligation or waiver of penalties. I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal, attorney fees and otherwise.

Signature

Print name

Title

Date

Office Use Only:

Copy: SWD via fax 791-3289 _____ Date _____ Clerk _____